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CONFIRMATION NO. 5674

|   |   |   |   |                                 |                       |                            |
|---|---|---|---|---------------------------------|-----------------------|----------------------------|
| SERIAL NUMBER<br>10/772,509   | FILING DATE<br>02/05/2004<br><br>RULE   | CLASS<br>005  | GROUP ART UNIT<br>3673  | ATTORNEY<br>DOCKET NO.<br>MT001 |                       |                            |
| APPLICANTS<br><br>Mark Temple, Oklahoma City, OK;<br><br>** CONTINUING DATA *****<br><br>** FOREIGN APPLICATIONS *****<br><br>IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **<br>** 05/03/2004 |   |   |   |                                 |                       |                            |
| Foreign Priority claimed<br>35 USC 119 (a-d) conditions met<br>Verified and Acknowledged  |   | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br><input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance<br>Examiner's Signature _____ Initials _____ | STATE OR<br>COUNTRY<br>OK   | SHEETS<br>DRAWING<br>4          | TOTAL<br>CLAIMS<br>20 | INDEPENDENT<br>CLAIMS<br>3 |
| ADDRESS<br>33900<br>FELLERS, SNIDER, BLANKENSHIP, BAILEY & TIPPENS, PC<br>100 NORTH BROADWAY<br>SUITE 1700<br>OKLAHOMA CITY, OK<br>73102-8820   |   |   |   |                                 |                       |                            |
| TITLE<br>Supportive upper body constraint device  |   |   |   |                                 |                       |                            |
| FILING FEE<br><br>RECEIVED<br>385   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: _____ |   | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |                                 |                       |                            |